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Testimony of David V. Hunter, CEO of The Mary Wade Home to the Connecticut Public Health Committee, dated, February, 26, 2010

Senator Harris, Representative Ritter and Members of the Public Health Committee

Re: Opposition to SB 249, ACC USE OF THE TERM "ASSISTED LIVING"

My name is David V. Hunter and I am the CEO of Mary Wade Home which is a not-for-profit organization, established in 1866 in New Haven, and provides on one campus a skilled nursing center, residential care home, adult day center and out-patient rehab center.

I am opposed to SB 249 for several reasons, but mainly since it will negatively impact on residential care homes in CT, including one that is offered on the Mary Wade campus. The residential care home, or RCH, is currently the name used to describe a supportive or assisted residential service that is licensed by the Connecticut Department of Public Health. Other names used frequently for this care level are; assisted living, rest homes, old folks' homes, home for the aged and personal care home. Connecticut currently has approximately 3,000 RCH beds licensed.

The term assisted living is a generic term, and is a phrase the general population understands as meaning a living arrangement in which people with special needs, especially seniors with disabilities, reside in a facility that provides help with everyday tasks such as bathing, dressing, and taking medication. Connecticut Statutes, Sec. 19a-490. (Formerly Sec. 19-576) defines a "Residential care home "nursing home" or "rest home" as meaning an establishment which furnishes, in single or multiple facilities, food and shelter to two or more persons unrelated to the proprietor and, in addition, provides services which meet a need beyond the basic provisions of food, shelter and laundry. Although the language of the statutes is a bit antiquated, it generally describes assisted living. The term assisted living is a broad term used throughout the Country and a term the general population understands.

Connecticut does not have a specific license for assisted living. Rather, the Connecticut Department of Public Health provides licensure for "assisted living services agency," and the license is used in a "managed residential community" but this latter entity does not require a license.

The statement of purpose for S.B. No. 249 is to protect consumers, however, I oppose this bill because I believe that both trade associations are supporting it because of the expense and regulation that their assisted living members endured to license their Assisted Living Service Agencies(ALSA). I believe it is an unfair practice for legislation to be passed that prohibits residential care homes from advertising under the heading assisted living and issuing fines if this is practiced. In the current marketplace, consumers need to know the options that are available, not a law that is restrictive and limits the ability for the consumer to understand the services and make choices on the basis of full knowledge.

Respectfully submitted.

David V. Hunter